



IDAHO OPIOID MISUSE AND OVERDOSE STRATEGIC PLAN 2017 - 2022

2018 Update

Prepared on Behalf of the Strategic Planning Stakeholder Group by:

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Table of Contents

Introduction	1
Planning Process.....	3
Vision	4
Goals, Strategies, and Performance Measures	5
Goals and Strategies	5
Performance Measurement Plan	8
Action Plans	14
Appendix	53
Appendix 1: Strategic Planning Meeting Details and Participants	54
Appendix 2: Idaho Agency Updates in Current Initiatives Supporting the Response to the Opioid Crisis	58
Appendix 3: SWOTT Analysis	62
Appendix 4: Year 1 Strategic Plan Progress Dashboard.....	68

Introduction

Drug overdose deaths in the United States continue to increase, nearly tripling between 1999 and 2014¹. In 2016, 63,632 Americans died from a drug overdose and nearly 66% of those deaths involved an opioid². Like the rest of the country, Idaho is struggling with the opioid epidemic and has seen an increasing number of drug overdose deaths since 2000⁴. In 2016, 244 Idahoans died from drug overdose³. The age adjusted mortality rate increased significantly from 9.9 per 100,000 Idaho residents in 2008 to 15.4 per 100,000 Idaho residents in 2016³. Among the drugs listed on death certificates from drug overdose in 2016, opioids were reported in more than half (123 out of 192 deaths with one or more drugs reported)⁴. Of the 123 deaths with opioids reported, 72 deaths specified prescription opioid involvement⁴. Despite these increases, the burden of opioid abuse in overdose deaths is likely underestimated. Due the lack of requirement among certifiers to report specific drugs on death certificates and lack of funding for toxicology tests, in 2016, 21% of drug- overdose deaths did not specify the drugs involved⁴.

Males appear to be at particular risk for drug-induced deaths³. Additionally, although Idahoans aged 34-44 have the highest drug-induced death rate by age group, the rate for those aged 25-34 and 55-64 increased by 52% and 45% between 2015 and 2016, respectively³. Similarly, although Idahoans living in Public Health District 7 have the highest drug-induced mortality rate by district, the rate increased by 58% among those living in District 6 and 48% among those living in District 4³.

Idaho ranks 5th among the states and D.C. for past year pain reliever misuse⁵. Over 5% of Idahoans aged twelve and older reported misusing pain relievers in the past year, but adults aged 18 to 25 are at particular risk; 9.6% reported misusing pain relievers in the past year⁵. Among youth, approximately 1 in 13 students aged 12 to 18 in Idaho have misused a prescription pain reliever⁸.

Coupled with use, access to opioid medications in Idaho has increased; between 2011 and 2016 the retail distribution of oxycodone to pharmacies, hospitals, and physicians increased from over 13,000 grams per 100,000 population to over 16,000 grams per 100,000 population⁶.

Although less often used, heroin is also becoming an increasing concern. Between 2007 and 2016, the drug/narcotic violation arrest rate for heroin increased by 23-fold from 0.02 arrests per 1,000 population to 0.46 arrests per 1,000 population in Idaho⁷. In 2017, heroin use became more prevalent than prescription opioid use among the Idaho Department of Correction's supervised population, which includes the community population as well as the incarcerated population and those in the presentence phase⁹. More than 15% of IDOC's supervised population reported heroin as a drug of choice, compared to 8.4% that reported opioid analgesics⁹. Females are more likely to use both opioid analgesics and heroin than their male counterparts⁹. Among Idaho's incarcerated population currently with drug dependence, over 11% indicated opioid analgesics as a drug of choice, and over 10% indicated heroin as a drug of choice⁹.

The Governor's Office of Drug Policy convened a planning group to create a statewide, multi-stakeholder opioid misuse and overdose prevention strategic plan. In April 2017, a broad group of stakeholders met over two days and developed the "Idaho Opioid Misuse and Overdose Strategic Plan, 2017-2022." Subsequent meetings were held in person and by phone to further refine the goals and strategies. A second two-day retreat was held in the spring of 2018 to update the plan. This strategic plan identifies 4 key goal areas that address the epidemic in a

comprehensive, multi-faceted approach to support the plan's 2022 vision of "A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders."

¹Rudd, R. A., Seth, P., David, F., & Scholl, L. (2016). Increase in drug and opioid-involved overdose death—United States, 2010-2015. *MMWR Early Release*.

²*U.S. Drug Overdose Deaths Continue to Rise; Increase Fueled by Synthetic Opioids*. Centers for Disease Control and Prevention, March 2018.

³*Drug-Induced Deaths: Idaho Residents, 2016 Summary*, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, August 2017.

⁴, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, August 2017.

⁵SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.

⁶*Substance Abuse Prevention Needs Assessment, Idaho, 2017*. State Epidemiological Outcomes Workgroup, Office of Drug Policy, March 2018.

⁷Idaho State Police, Idaho Statistical Analysis Center, National Incidence-Based Reporting System, 2007-2016.

⁸Office of Drug Policy, Idaho Healthy Youth Survey, 2017.

⁹Evaluation and Compliance, Idaho Department of Correction, Level of Service Inventory-Revised, 2017.

Planning Process

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

- Michelangelo

A strategic plan provides a powerful roadmap to align and navigate efforts in pursuit of an impactful and inspiring future vision. In April of 2017, the Idaho Office of Drug Policy and the Idaho Department of Health and Welfare’s Division of Public Health convened a strategic planning team comprised of diverse statewide stakeholders connected to the opioid crisis to determine how to address this serious issue and achieve significant positive impact in the next five years. Participant areas and organizations represented included persons and family members directly affected by opioid misuse, addiction, or overdose; the Idaho Office of Drug Policy; the Idaho Department of Health and Welfare; public health districts; Idaho State Senators and Representatives; mental health providers; physicians; treatment and recovery support providers; law enforcement jurisdictions and criminal justice professionals; medical associations and state licensing boards; the Coroner’s Office; and others.¹

First, the group came to consensus on a collective vision for the ideal future impact on the opioid epidemic in Idaho. Every participant’s input was considered in the process, culminating in a concise, compelling vision to serve as the point of alignment for the rest of the plan.

Next, the group conducted an environmental assessment: an analysis of all factors that have the potential to either help or hinder achievement of the vision. The assessment was informed by business intelligence generated and distributed in advance of the planning retreat, including current Idaho best practices and programs in opioid misuse prevention and control, Idaho’s Opioid Needs Assessment (updated annually), the CDC Opioid Prescribing Guidelines, and the SAMHSA Opioid Prevention Toolkit.

The results of the environmental assessment were synthesized into critical success factors: the most important areas of focus to achieve significant progress toward the vision. SMART goals were developed to address each of the critical success factors. Strategies were created to define how each goal would be attained. Performance measures were established to guide evaluation of progress toward reaching the goals. An accompanying performance measurement plan was created to define the timeframes, responsibilities, and audience for each measure. Finally, action plans were developed, detailing the steps and responsibilities for carrying out each strategy; they will serve as the primary tool for strategic plan implementation.

This plan reflects the results of the strategic planning process, and represents Idaho stakeholders’ commitment to aligning efforts to significantly move the needle on this serious issue.

Consistent strategic plan review and follow-up will continue to be key to success. Strategic planning stakeholders are convened approximately quarterly to report progress on action plans and performance measures, share agency updates, and collaborate on any challenges that arise. In the spring of 2018, the group, along with new members, met one year after the initial strategic plan was developed to review and update the plan. This meeting included presentations from several subject matter experts on new and emerging topics critical to the opioid crisis. The group will continue to meet in-person annually to review and update the strategic plan, optimizing its relevance and effectiveness.

¹ A detailed list of the 2017 and 2018 planning retreat participants and meeting details can be found in the Appendix.

Vision

A vision describes the ideal future impact of an organization or collaboration of stakeholders. It is the guiding force that inspires stakeholders to take action in influencing success, and provides a point of alignment for all associated efforts. The vision is intended to drive significant positive outcomes with regard to opioid misuse and overdose over the duration of the strategic plan and beyond.

Idaho's 5-Year Vision (2022)

**“A safe and healthy Idaho,
free of opioid misuse and untreated opioid use disorders.”**

Goals, Strategies, and Performance Measures

This section outlines the goals, strategies, and performance measures of the strategic plan. Goals articulate the outcomes that will be achieved in order to realize the vision. Strategies define how the goals will be achieved. Strategy implementation, including process, timing, responsible parties, and resulting outputs, is detailed in accompanying action plans (please see next section). Performance measures are designed to assess the impact of plan activities. Measurement data is translated into intelligence that informs progress toward achieving the goals, and guides any course adjustments needed to maximize success at reaching the vision.

Goals and Strategies

CRITICAL SUCCESS FACTOR 1: EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC

GOAL 1A

By December 2019, achieve a rate of opioid prescriptions written for daily Morphine Milligram Equivalents (MMEs) in the following areas: 85% written under 50 MMEs, 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategies:

- 1) Research and standardize toolkits to ensure they are Idaho-based and electronic
- 2) Continue “academic detailing” one-on-one approach through the Public Health Districts with prescribers
- 3) Develop a dissemination plan for provider toolkits and other educational materials
- 4) Explore linking controlled substance licenses with continuing medical education
- 5) Write goals and learning objectives for healthcare educational institutions to recommend suggested curriculum on proper opioid use and chronic pain management for students training to be prescribers
- 6) Ensure sustainability of an Extension for Community Health Outcomes (ECHO) program in Idaho

GOAL 1B

By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 5.1% to 4.3%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategies:

- 1) Explore and adapt patient education information for distribution with Idaho branding
- 2) Develop and distribute a patient friendly variation on the Brief Opioid Knowledge test for patients
- 3) Develop patient education tools to implement at pharmacies
- 4) Develop a web-based opioid education program for patients

**CRITICAL SUCCESS FACTOR 1:
EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC (continued)**

GOAL 1C

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers not prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategies:

- 1) Continue medication education campaign to high school students and adults
- 2) Expand awareness of prescription take-back programs (law enforcement and pharmacies)
- 3) Implement an opioid-focused evidence-based program (EBP) for middle school students
- 4) Continue an adult-focused media campaign based on the CDC campaign
- 5) Increase access to Idaho data on websites across stakeholders/agencies

**CRITICAL SUCCESS FACTOR 2:
IMPROVE OPIOID PRESCRIPTION PRACTICES**

GOAL 2

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategies:

- 1) Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)
- 2) Educate prescribers on access to and use of PMP, including use of delegates
- 3) Provide notification and education to prescribers about Prescriber Reports
- 4) Reassess goal and strategies by December 2018
- 5) After assessment of goal and strategies as outlined in Strategy 4, consider legislative mandate if goal is still supported but not met (2020 legislative session)
- 6) Research and consider implementation of best practices to maximize effectiveness of the PMP

**CRITICAL SUCCESS FACTOR 3:
STRENGTHEN AND SUPPORT FAMILIES**

GOAL 3

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by the Idaho Healthy Youth Survey.

Strategies:

- 1) Collect resources supporting all groups (such as patient, parents, family, friends) affected by opioid misuse or in crisis and coordinate dissemination to established public resource outlets (e.g., 211, Idaho Wellness Guide, Live Better Idaho)
- 2) Connect with Community Coalitions of Idaho (CCI) and Regional Health Boards to explore partnering to identify methods to connect families and resources
- 3) Create a county resource map to include validated resources collected in Strategy 1, and make available to all stakeholders
- 4) Identify and allocate resources for a statewide evidence-based program parent class directed at families in youth opioid use crisis
- 5) Increase family recovery support services in each county/region (e.g., Narcotics Anonymous and Nar-Anon Family Groups, etc.)
- 6) Research e-health to support families through the primary care setting
- 7) Integrate e-health intervention prevention into primary care

**CRITICAL SUCCESS FACTOR 4:
EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT**

GOAL 4

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health (NSDUH).

Strategies:

- 1) Research and define high-value treatment options for Idaho
- 2) Develop interdisciplinary efforts to support substance use disorder treatment and recovery options for people leaving jail, including naloxone
- 3) Increase 211 CareLine, Wellness Guide, and Live Better Idaho resource content
- 4) Work with hospital ERs regarding referrals post-discharge for Substance Use Disorder (SUD)
- 5) Promote telehealth expansion through provider education and invitations to deliver services
- 6) Increase number of Data 2000 waived prescribers and OTPs and educate waived prescribers on the ability and urgency of increasing their MAT patient limits
- 7) Increase availability of, and access to, naloxone
- 8) Work with health insurance carriers to explore other evidence-based treatment for pain, and other payment models
- 9) Increase public funding for those requiring treatment and recovery support services
- 10) Work with medical providers to develop alternative integrated pain treatment programs before reduction of medications

Performance Measurement Plan

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1A	(i) MME Rate Per Capita Track via the data received from the PMP.	Annually: April	Stephanie Pustejovsky, Office of Drug Policy (ODP) Teresa Anderson, Idaho Board of Pharmacy	Report results at the quarterly strategic plan update meeting immediately following data availability. Update Opioid Needs Assessment (annually).	Strategic Planning Group ²
1A	(ii) Percentage of Opioid Naïve Patients Who are Prescribed a Long-Acting or extended release (LA/ER) Opioid	Annually: April	Martijn Van Beek, Department of Health and Welfare, Division of Public Health (DHW DPH)	Report results at the quarterly strategic plan update meeting immediately following data availability.	Strategic Planning Group
1A	(iii) Percentage of Opioid Naïve Patients Who Took Opioids for Longer than Three Days	Annually: April	Martijn Van Beek	Report results at the quarterly strategic plan update meeting immediately following data availability.	Strategic Planning Group

² Strategic Planning Group refers to the participants of the 2017 Idaho Opioid Strategic Planning Retreat, and other parties actively involved in plan implementation since then.

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1B	(i) Statewide Prescriber to Patient Education Campaign Evaluation This will be a pre and post evaluation, with questions assessing whether patients received information/education from their physicians.	Per campaign schedule, immediately before and after the campaign	ODP	Report and presentation of evaluation results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group
1B	(ii) Average Day Supply Dispensed Track via data from the PMP. (This measure will be assessed further, understanding that partial prescription fills cost pharmacies and patients/insurers more.)	Semiannually: January and July (starting 2018)	Alex Adams, Idaho Board of Pharmacy Stephanie Pustejovsky Martijn Van Beek,	Alex to report results at the immediately following quarterly strategic plan update meetings. Stephanie to update Opioid Needs Assessment (annually).	ODP Strategic Planning Group
1C	(i) Statewide Adult Education Campaign Evaluation The evaluation will assess campaign reach, engagement and earned media. Additionally, the evaluation will measure change in knowledge, attitudes, behaviors, and how well the CDC campaign materials resonate with Idaho residents.	Annually: August	Martijn Van Beek	Report and presentation of evaluation results at the end of the campaign at the next quarterly strategic plan update meeting.	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
1C	(ii) Evidence-Based Program (EBP) Evaluation This will be a pre and post survey evaluation of the program aimed at middle school students.	Annually, starting September 2018	Marianne King, ODP	Report and presentation of results at the end of the program at the next quarterly strategic plan update meeting.	Strategic Planning Group
1C	(iii) Perceived Risk of Opioid Misuse The source of this data is the 2018 IDHW added BRFSS question: "How much do you think people risk harming themselves in any way when they use prescription painkillers more frequently or in higher doses that directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider?"	Annually: starting August/September 2018	Martijn Van Beek	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
2	Providers Checking of PMP Prior to Issuing Initial Opioid Prescription Track via data from the PMP.	Semiannually: January and July (starting 2018)	Alex Adams Stephanie Pustejovsky	Alex to report results at the immediately following quarterly strategic plan update meetings. Stephanie to update Opioid Needs Assessment (annually).	ODP Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
3	(i) Percentage of Parents Accessing DHW Division of Behavioral Health Services Who Misuse Opioids This measure refers to parents with minor children. It is intended as one indicator of the impact of opioid misuse on families.	Baseline: Summer/ Fall 2017 Semiannually, thereafter	Crystal Campbell, DHW Division of Behavioral Health (DBH) Stephanie Pustejovsky	Report results at the immediately following quarterly strategic plan update meetings. Update Opioid Needs Assessment (annually).	Strategic Planning Group
3	(ii) National Survey on Drug Use and Health (NSDUH) See results concerning prevalence of opioid use for various age groups.	Biannually: starting January 2018	Stephanie Pustejovsky	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
3	(iii) Youth Risk Behavior Survey (YRBS) See results concerning prevalence of prescription drug use for high school students.	Biannually per YRBS administration schedule ³	Stephanie Pustejovsky	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group

³ The YRBS and Idaho Healthy Youth Surveys are administered in alternating years.

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
3	(iv) Idaho Healthy Youth Survey See results concerning prevalence of opioid use among students in grades 6, 8, 10 and 12.	Biannually per Health Youth Survey administration schedule ¹⁰	Stephanie Pustejovsky	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
3	(v) Behavioral Risk Factor Surveillance System (BRFSS) See results concerning prevalence of opioid use for various youth age groups for those 18 years and older.	Annually: starting August/September 2018	Martijn Van Beek	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	(i) Public Inquiries About Opioid Treatment Track trends via 211 call data.	Semiannually: starting May 2018	Rachel Gillett, IDHW Division of Public Health	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group
4	(ii) Trend in Number of Waivered Providers	Semiannually: January and July (starting 2018)	Rachel Gillett	Report results at the immediately following quarterly strategic plan update meetings.	Strategic Planning Group

GOAL #	MEASURE AND DESCRIPTION	FREQUENCY OF MEASUREMENT	RESPONSIBLE PARTY(IES)	METHOD FOR COMMUNICATING RESULTS	AUDIENCE
4	(iii) Opioid-Related Death Indicator	Starting May 2018	Chris Hahn, DHW DPH	Data report	Strategic Planning Group
4	(iv) Trend in Individuals Receiving Publicly Funded Treatment	TBD	Rosie Andueza, DHW DBH	Data report	Strategic Planning Group
4	(v) Amount of Public Funding for Treatment and Recovery Services Track the trend in funding.	TBD	Rosie Andueza,	Data report	Strategic Planning Group
4	(vi) Trend in Number of Naloxone Prescriptions Through the PDMP	Annually: in April	Martijn van Beek	Data report	All stakeholders
4	(vii) Trend in Number of Opioid Treatment Programs (OTPs) in Idaho	Annually in (month)	Rachel Gillett	Data report	All stakeholders

Action Plans

“Well done is better than well said.”

- Benjamin Franklin

Action plans translate strategies into concrete tasks, and have been developed for each strategy in the strategic plan. These will serve as the primary implementation tool to ensure the strategic plan is executed as intended and on time. They describe the tasks, timelines, and individuals involved in carrying out each strategy, and will be updated annually, as needed.

During development, goal team members were asked to specifically consider and incorporate steps/actions specific to especially vulnerable populations, including those who:

- Are in recovery
- Are incarcerated
- Are in chronic pain
- Have mental illness
- Live in rural Idaho
- Are young people
- Are elderly

Teams were also asked to identify, whenever relevant, barriers and facilitators to implementation. These can found at the bottom of individual action plans under “Resources Needed” and “Additional Considerations/Challenges.”

ACTION PLAN 1A.1

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #1:

Research and standardize toolkits to ensure they are Idaho-based and electronic

Implementation Steps	When	Who	Status
1. Review Vermont's provider toolkit.	May 5, 2018	All (Pam to send)	
2. Collect all 7 health districts' provider toolkits.	May 5	Pam	
3. Coordinate room.	End of May	Jeff	
4. Send additional materials from the group.	End of May		
5. Review documents and rank utility. (Definitely use May with modifications.)	End of August	All	
6. Have a subcommittee meeting to review materials.	Thursday in Sept	Stephanie	
7. Compile appropriate resources.	End of October	Stephanie	
8. Send to group with additional stakeholders.	End of May	Stephanie	
9. Finalize.	December	All	

Resources Needed

- Hospital input

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Stephanie Pustejovsky
 Jeff Seegmiller
 Cathy Oliphant
 Todd Palmer
 Monte Moore
 Yvonne Ketchum-Ward
 Tami Eide
 Molly Steckel
Martijn van Beek
 Pam Rich

ACTION PLAN 1A.2

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #2:

Continue “academic detailing” one-on-one approach through the Public Health Districts with prescribers

Implementation Steps	When	Who	Status
1. Review progress reports.	Quarterly	Martijn	
2. Follow up with Districts to discuss.	Quarterly	Martijn	
3. Provide recommendations.	Quarterly		

Resources Needed

Additional Considerations/Challenges

Team Members
(goal lead underlined)

Stephanie Pustejovsky
 Jeff Seegmiller
 Cathy Oliphant
 Todd Palmer
 Monte Moore
 Yvonne Ketchum-Ward
 Tami Eide
 Molly Steckel
Martijn van Beek (AP Lead)
 Pam Rich

ACTION PLAN 1A.3

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #3:

Develop a dissemination plan for provider toolkits and other educational materials

Implementation Steps	When	Who	Status
1. Finalize the toolkit.	December 2018	All	
2. Research dissemination opportunities.	January 2019	All	
3. Post on DHW DPH response website.	January 2019	Martijn	
4. Reach out to healthcare-related associations to disseminate.	January 2019	Martijn	

Resources Needed

Additional Considerations/Challenges

Team Members
(goal lead underlined)

Stephanie Pustejovsky
 Jeff Seegmiller
 Cathy Oliphant
 Todd Palmer
 Monte Moore
 Yvonne Ketchum-Ward
 Tami Eide
 Molly Steckel
Martijn van Beek (AP Lead)
 Pam Rich

ACTION PLAN 1A.4

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #4:

Explore linking controlled substance licenses with continuing medical education

Implementation Steps	When	Who	Status
1. Collect data from BSU students.	June 2018	Stephanie	
2. Analyze the data.	July 2018	Stephanie	
3. Disseminate to the group.	July 2018	Stephanie	
4. Explore methods for policy (legislative or Board-driven).		All	
5. Explore other state CME policies.		Stephanie	

Resources Needed

- Board of Medicine

**Additional
Considerations/Challenges**

Team Members

(goal lead underlined)

Stephanie Pustejovsky (AP Lead)

Jeff Seegmiller

Cathy Oliphant

Todd Palmer

Monte Moore

Yvonne Ketchum-Ward

Tami Eide

Molly Steckel

Martijn van Beek

Pam Rich

ACTION PLAN 1A.5

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #5:

Write goals and learning objectives for healthcare educational institutions to recommend suggested curriculum on proper opioid use and chronic pain management for students training to be prescribers

Implementation Steps	When	Who	Status
1. Draft goals and objectives.	End of July	Todd	
2. Send to group.	End of July	Todd	
3. Finalize goals and objectives.	February	All	

Resources Needed
Additional Considerations/Challenges
Team Members

(goal lead underlined)

Stephanie Pustejovsky
 Jeff Seegmiller
 Cathy Oliphant
 Todd Palmer (AP Lead)
 Monte Moore
 Yvonne Ketchum-Ward
 Tami Eide
 Molly Steckel
Martijn van Beek
 Pam Rich

ACTION PLAN 1A.6

Goal #1A:

By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 50 MMEs⁸; 10% between 50 and 90 MMEs; and no more than 5% over 90 MMEs.

Strategy #6:

Ensure sustainability of an Extension for Community Health Outcomes (ECHO) program in Idaho

Implementation Steps	When	Who	Status
1) Develop advisory board.	Mid May	Jeff	Planned
2) Strategic plan for sustainability.	August	Jeff	
3) Meet with Advisory Board to discuss and identify a path forward.		Jeff	
4) Work with University of Idaho Development Foundation.		Jeff	
5) Work with other agencies including DHW and Blue Cross of Idaho (foundation for rural programs).		Jeff	
6) Reach out to Regence.		Jeff	
7) Reach out to Layne from USDA.		Jeff	
8) Reach out to healthcare.		Jeff	
9) Continue promotion of project ECHO.		Jeff	
10) Report to the group.	First quarterly meeting	Jeff	

Resources Needed

- Funding
- Knowledge
- Participation
- Outreach
- Lachelle Smith

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Stephanie Pustejovsky
 Jeff Seegmiller (AP Lead)
 Cathy Oliphant
 Todd Palmer
 Monte Moore
 Yvonne Ketchum-Ward
 Tami Eide
 Molly Steckel
Martijn van Beek
 Pam Rich

ACTION PLAN 1B.1

Goal #1B:

By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 5.1% in 2015/2016 to 4.3%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategy #1:

Explore and adapt patient education information for distribution with Idaho branding

Implementation Steps	When	Who	Status
1. Hospital campaign.	September	Nicole	
2. Explore website for Goal Groups 1A, 1B, and 1C.		ODP	
3. Lobby slide set (video) with letter.	September	Kelsey	
4. Present to Idaho MGMA/IHA.		ODP/IHA	
5. Specify patient education topics: storage, disposal, pharmaceutical misuse definition, alternative therapies.		IHA	

Resources Needed

- Dropbox
- Hospital campaign evaluation (Utah?)

Additional Considerations/Challenges

- Funding
- Evaluation
- AVISTA volunteer

Team Members

(goal lead underlined>

Nicole Fitzgerald
Sue Chew
Kavi Branham
Mark Harris
Martijn van Beek
Tara Fouts (AP Lead)
Kelsey McCall (AP Lead)

ACTION PLAN 1B.2

Goal #1B:

By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 5.1% in 2015/2016 to 4.3%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategy #2:

Develop and distribute a patient-friendly variation on the Brief Opioid Knowledge test for patients.

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Adjust literacy level. 2. Talk with Dr. Hamso about piloting BOK in Terry Reilly (Northern, Eastern, and Western sites). 3. Pilot test in clinic setting. 4. Research Accutane model. 5. Identify sites in Eastern, Northern, and Western regions to pilot BOK. 		<p>Mark</p> <p>Tara/Nicole</p> <p>Mark</p> <p>Kelsey</p> <p>Tara, Kelsey, PHD 6/7</p>	

Resources Needed

- Clinics for collaboration

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Nicole Fitzgerald
Sue Chew
Kavi Branham (AP Lead)
Mark Harris
Martijn van Beek (AP Lead)
Tara Fouts
Kelsey McCall

ACTION PLAN 1B.3

Goal #1B:

By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 5.1% in 2015/2016 to 4.3%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategy #3:

Develop patient education tools to implement at pharmacies

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Coordinate with Cyn (Truth 208). 2. Pill bottle Sticker research. 3. Pharmacy student at Idaho State University. 4. Collaborate with ISU, BOP, and other pharmacy residency programs for “one key question.” 5. Invite Alex, BOP to a 1B call. 		<p>Nicole</p> <p>Tara/Kelsey</p> <p>Sue</p> <p>Tara/Kelsey</p>	

Resources Needed

- Funding for stickers
- Collaborate with BOP
- Media attention

Additional Considerations/Challenges

- Collaborate with BOP media attention

Team Members

(goal lead underlined)

Nicole Fitzgerald
 Sue Chew
 Kavi Branham
 Mark Harris (AP Lead)
 Martijn van Beek
Tara Fouts
Kelsey McCall

ACTION PLAN 1B.4

Goal #1B:

By December 2019, reduce the past year pain reliever misuse among Idahoans 12 years and older from 5.1% in 2015/2016 to 4.3%, as measured by the National Survey on Drug Use and Health (NSDUH).

Strategy #4:

Develop a web-based opioid education program for patients

Implementation Steps	When	Who	Status
1. Collaborate with Groups 1A, 1C, and 3.		Tara/Kelsey	

Resources Needed

Additional Considerations/Challenges

- Funding

Team Members

(goal lead underlined)

Nicole Fitzgerald (AP Lead)
 Sue Chew (AP Lead)
 Kavi Branham
 Mark Harris
 Martijn van Beek
Tara Fouts
Kelsey McCall

ACTION PLAN 1C.1

Goal #1C:

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers not prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategy #1:

Continue medication education campaign to high school students and adults

Implementation Steps	When	Who	Status
1. Investigate/explore programs utilized in other states/areas to see how they could be applied to Idaho.	TBD	Marianne King	
2. Investigate bullet points to use in high school education of drug misuse	TBD	Marianne King	

Resources Needed

- Campaign materials

Additional Considerations/Challenges

- Consider movie theaters for campaign promotion

Team Members

(goal lead underlined)

Derek Gerber
Marianne King
 Cyn Reneau
 Senator Lee Heider
 Kristen Raese
 Sonja Schriever
 Mary Ann Doshier
 Debi Dockins
 Mimi Taylor

ACTION PLAN 1C.2

Goal #1C:

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategy #2:

Expand awareness of prescription take-back programs (law enforcement and pharmacies)

Implementation Steps	When	Who	Status
1. Award ODP grants to pharmacies including marketing materials	July 2017	ODP/BOP	Complete
2. Information at each pharmacy about law enforcement drop-off locations.	May 2018	ODP/BOP/ Truth208	Complete
3. Promote utilization of prescription take-back programs in other locations to emphasize pharmacy and law enforcement locations. Reach out to AARP, senior centers, and other agencies for them to promote drop-off education.	TBD	Marianne King (AARP), Mimi Taylor (Health Districts), Kristen Raese (211)	
4. Provide information in Spanish.	TBD	?	

Resources Needed

- Money for pharmacy posters re: law enforcement drops and postage

Additional Considerations/Challenges

- Use Alex Adams' information and relationships

Team Members

(goal lead underlined)

Derek Gerber
Marianne King
 Cyn Reneau
 Senator Lee Heider
 Kristen Raese
 Sonja Schriever
 Mary Ann Doshier
 Debi Dockins
 Mimi Taylor

ACTION PLAN 1C.3

Goal #1C:

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategy #3:

Implement an opioid-focused evidence-based program (EBP) for middle school students

Implementation Steps	When	Who	Status
1. Implement an evidence-based curriculum in at least one school in each health district and one juvenile facility.	June 30, 2019	Marianne King	
2. Identify and train facilitators.	June 30, 2019	ODP	
3. Identify funding sources for training facilitators, if needed.	Block Grant	ODP	
4. Pilot program with ODP grantees to determine if there were positive outcomes. (Pilot needed to evaluate surveys/results.)	Sept 2018	ODP grantees	

Resources Needed

- Curriculum funding

Additional Considerations/Challenges

- If successful, this program could be implemented more widely statewide

Team Members

(goal lead underlined)

Derek Gerber
Marianne King
 Cyn Reneau
 Senator Lee Heider
 Kristen Raese
 Sonja Schriever
 Mary Ann Doshier
 Debi Dockins
 Mimi Taylor

ACTION PLAN 1C.4

Goal #1C:

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategy #4:

Continue an adult-focused media campaign based on the CDC campaign

Implementation Steps	When	Who	Status
1. Identify adult-based campaign.	Aug. 2017	Entire team	Complete
2. Identify funding source.	Aug. 2017	DHW, DPH	Complete
3. Contract with marketing firm to adapt message.	TBD	TBD	Complete
4. Identify marketing venues.	Feb. 2018	DHW, DPH	Complete
5. Contract with evaluation firm.	Feb. 2018	DHW, DPH	
6. Evaluate data.	After Aug. 2019	DHW, DPH	
7. Share campaign on social media.		All	

Resources Needed

- Campaign funding
- Agencies for contracts

Additional Considerations/Challenges

- Consider movie theaters for campaign promotion

Team Members

(goal lead underlined)

Derek Gerber
Marianne King
 Cyn Reneau
 Senator Lee Heider
 Kristen Raese
 Sonja Schriever
 Mary Ann Doshier
 Debi Dockins
 Mimi Taylor

ACTION PLAN 1C.5

Goal #1C:

By December 2020, 85% of Idahoans will be aware that using prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare provider holds great risk, as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

Strategy #5:

Increase access to Idaho data on websites across stakeholders/agencies

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Request and compile Idaho-specific data on opioid misuse and overdose – now on Get Healthy Idaho website. 2. Prepare information for posting on websites and other venues. 3. Develop documentation strategy. 4. Post data on Idaho opioid misuse and overdose. 5. Publicize links to data to public and stakeholders. 		<p>ODP/ IDHW Division of Public Health</p> <p>Same</p> <p>Same</p> <p>Same</p> <p>Same</p>	Ongoing

Resources Needed	Additional Considerations/Challenges – Other information to include for the public	Team Members (goal lead underlined) <u>Derek Gerber</u> <u>Marianne King</u> Cyn Reneau Senator Lee Heider Kristen Raese Sonja Schriever Mary Ann Doshier Debi Dockins Mimi Taylor
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ACTION PLAN 2.1

Goal #2:

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategy #1:

Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)

Implementation Steps	When	Who	Status
1. Distribute quarterly a list of Gateway-compatible EHRs to providers and healthcare organizations and to practice managers	Immediate-ly	BOP to provide list; provider organizations (e.g., IMA, IHA, ISDA, BOM, etc.) to distribute	
2. Work with provider organizations (such as BOM, IMA, IHA, BOD, and ISDA) to reach out to the provider community regarding availability of integration software and promote integration if feasible.	Ongoing	All	In progress
3. Identify and address barriers to integration.	Ongoing	All	In progress

Resources Needed	Additional Considerations/Challenges	Team Members (goal lead underlined) <div> <u>Alex Adams</u> Scott Bandy Terry Cochran Nicole Fitzgerald Lee Flinn Martha Jaworski Anne Lawler Toni Lawson Susan Miller Mark Nelson Claudia Ornelas Susie Pouliot Linda Swanstrom <u>Marcia Witte</u> </div>
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ACTION PLAN 2.2

Goal #2:

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategy #2:

Educate prescribers on access to and use of PMP, including use of delegates

Implementation Steps	When	Who	Status
1. Identify partners who can help educate providers, and develop and distribute educational materials with these partners, as appropriate.	Ongoing	All	In progress
2. Continue efforts by public health districts to educate providers around use of PMP.	Ongoing	IDHW, PHDs	In progress

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Alex Adams
 Scott Bandy
 Terry Cochran
 Nicole Fitzgerald
 Lee Flinn
 Martha Jaworski
 Anne Lawler
 Toni Lawson
 Susan Miller
 Mark Nelson
 Claudia Ornelas
 Susie Pouliot
 Linda Swanstrom
Marcia Witte

ACTION PLAN 2.3

Goal #2:

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategy #3:

Provide notification and education to prescribers about Prescriber Reports

Implementation Steps	When	Who	Status
1. Board of Pharmacy to provide dates that Prescriber Board will be distributed so that IMA, BOM, and others can notify prescribers in advance of distribution.	Quarterly	BOP	
2. IMA to notify membership regarding Prescriber Reports.	Quarterly	IMA	
3. BOM to notify licensees regarding Prescriber Reports.	Quarterly	BOM	
4. Other license Boards and professional associations to notify members and/or licensees regarding Prescriber Reports.	Quarterly	Other boards or associations	
5. Coordinate efforts with Goal Group 1A.	Quarterly	Marcia/Alex (group leads)	

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Alex Adams
 Scott Bandy
 Terry Cochran
 Nicole Fitzgerald
 Lee Flinn
 Martha Jaworski
 Anne Lawler
 Toni Lawson
 Susan Miller
 Mark Nelson
 Claudia Ornelas
 Susie Pouliot
 Linda Swanstrom
Marcia Witte

ACTION PLAN 2.4

Goal #2:

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategy #4:

Reassess goal and strategies by December 2018

Implementation Steps	When	Who	Status
1. Define "initial opioid prescriptions."	Done	All	Done
2. Obtain data to establish baseline rate of PMP checks prior to initial opioid prescriptions.	May 2018	BOP, IDHW	
3. Review data semi-annually (starting January 2018) [this is also part of the Performance Measurement Plan] to assess trend and magnitude of effect.	June 2018	All	
4. Consider revising goal language if goal is achieved and/or magnitude of effect does not turn out to be meaningful (i.e., very low baseline rate).	By Dec 2018	All	
5. If goal not met or progress is slower than anticipated, identify and address barriers to prescriber participation.	By Dec 2018	All	

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Alex Adams
 Scott Bandy
 Terry Cochran
 Nicole Fitzgerald
 Lee Flinn
 Martha Jaworski
 Anne Lawler
 Toni Lawson
 Susan Miller
 Mark Nelson
 Claudia Ornelas
 Susie Pouliot
 Linda Swanstrom
Marcia Witte

ACTION PLAN 2.5

Goal #2:

By December 2019, the rate of prescriber check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.

Strategy #5:

After assessment of goal and strategies as outlined in Strategy 4, consider legislative mandate if goal is still supported but not met (2020 legislative session)

Implementation Steps	When	Who	Status
1. Develop subcommittee to research most successful legislative mandates in other states and make recommendations regarding components of proposed legislation.	Discuss in May 2019	All	
2. Work with prescriber community to get input on proposed legislation and establish buy-in.	Discuss in May 2019	All	
3. Communicate deadline for voluntary PMP efforts.	Discuss in May 2019	All	
4. Develop draft legislation for 2020 legislative session.	Discuss in May 2019	All	

Resources Needed

Additional Considerations/Challenges

Team Members
(goal lead underlined)

Alex Adams
 Scott Bandy
 Terry Cochran
 Nicole Fitzgerald
 Lee Flinn
 Martha Jaworski
 Anne Lawler
 Toni Lawson
 Susan Miller
 Mark Nelson
 Claudia Ornelas
 Susie Pouliot
 Linda Swanstrom
Marcia Witte

ACTION PLAN 2.6

Goal #2:

By December 2019, the rate of prescriber check of the PMP prior to an initial opioid prescription will double.

Strategy #6:

Research and consider implementation of best practices to maximize effectiveness of the PMP

Implementation Steps	When	Who	Status
1. Seek opportunities at meetings/conferences to learn about best practices and report back to group.	Ongoing	All	
2. Access inventory of state PMP strategies and share with group.	June	IMA	
3. Research what other states are doing re unsolicited reports.	June	BOP	

Resources Needed

**Additional
Considerations/Challenges**

Team Members

(goal lead underlined)

Alex Adams
 Scott Bandy
 Terry Cochran
 Nicole Fitzgerald
 Lee Flinn
 Martha Jaworski
 Anne Lawler
 Toni Lawson
 Susan Miller
 Mark Nelson
 Claudia Ornelas
 Susie Pouliot
 Linda Swanstrom
Marcia Witte

ACTION PLAN 3.1

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #1:

Collect resources supporting all groups (such as patient, parents, family, friends) affected by opioid misuse or in crisis and coordinate dissemination to established public resource outlets (e.g., 211, Idaho Wellness Guide, Live Better Idaho)

Implementation Steps	When	Who	Status
1. Finalize combined intake form for 211 and Idaho Wellness Guide.	May 2018	Goal Groups 3 & 4	
2. Distribute electronic link through entire Strategic Planning Group, legislative body, and Regional Behavioral Health Boards, Association of Counties and Cities (Bill Larsen)	June 2018	Sharlene & Nicole Fitzgerald	
3. Review and enter resources into the databases.	Ongoing	211 & IWG staff	

Resources Needed

211 and Idaho Wellness Guide staff time to vet and enter resources into databases

Additional Considerations/Challenges

- Ensure coordination with Group 4

Team Members

(goal lead underlined)

Sharlene Johnson
 Darlene Lester
 Janice Fulkerson
 Ryan Porter
 Jeff Fanter
 Dotti Owens
 Lee Flinn
Nicole Runner
 Bill Larsen

ACTION PLAN 3.2

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #2:

Connect with Community Coalitions of Idaho (CCI) and Regional Health Boards to explore partnering to identify methods to connect families and resources.

Implementation Steps	When	Who	Status
1. Explore opportunities to leverage future funding from ODP for Partnership for Success in working with RBH boards and CCI related to this strategy.	October/ November 2018	Sharlene	

Resources Needed

PFS funding

**Additional
Considerations/Challenges**

Team Members

(goal lead underlined)

Sharlene Johnson
Darlene Lester
Janice Fulkerson
Ryan Porter
Jeff Fanter
Dotti Owens
Lee Flinn
Nicole Runner
Bill Larsen

ACTION PLAN 3.3

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #3:

Create a county resource map to include validated resources collected in Strategy 1, and make available to all stakeholders

Implementation Steps	When	Who	Status
1. Provide the list of resources collected from Strategy 1 to the Division of Public Health to create a map utilizing ARC GIS.	January 2019	Nicole Runner	
2. Distribute link and/or HTML code to entire stakeholder group to be used on their websites.	March 2017	Nicole Fitzgerald	

Resources Needed

Additional Considerations/Challenges

- Coordinate with Goals 1A, B, and C and the website landing page they will be developing

Team Members

(goal lead underlined)

Sharlene Johnson
 Darlene Lester
 Janice Fulkerson
 Ryan Porter
 Jeff Fanter
 Dotti Owens
 Lee Flinn
Nicole Runner
 Bill Larsen

ACTION PLAN 3.4

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #4:

Identify and allocate resources for a statewide evidence-based program parent class directed at families in youth opioid use crisis

Implementation Steps	When	Who	Status
1. Work with SEOW to identify one statewide EBP parenting class directed at families in youth opioid use crisis.	June 2018	SEOW/ Sharlene	
2. ODP to allocate funding in each region/county to implement EBP parenting class.	March 2019	ODP Substance Abuse Prevention and Treatment Block Grant (SABG)/ Idaho's Response to the Opioid Crisis Grant (IROC)	

Resources Needed

Funding for program
implementation

**Additional
Considerations/Challenges**

Team Members

(goal lead underlined)

Sharlene Johnson
Darlene Lester
Janice Fulkerson
Ryan Porter
Jeff Fanter
Dotti Owens
Lee Flinn
Nicole Runner
Bill Larsen

ACTION PLAN 3.5

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #5:

Increase family recovery support services in each county/region (e.g., Narcotics Anonymous and Nar-Anon Family Groups, etc.)

Implementation Steps	When	Who	Status
1. Assess resources collected through Strategy 1 to identify gaps in services.	January 2019	All group members	
2. Report gaps in services to larger stakeholder group and strategize on next steps.	May 2019	All group members	

Resources Needed

Completion of Strategy 1

Additional Considerations/Challenges

- Coordinate with Goal 4 and new Strategy related to recovery support.

Team Members

(goal lead underlined)

Sharlene Johnson
Darlene Lester
Janice Fulkerson
Ryan Porter
Jeff Fanter
Dotti Owens
Lee Flinn
Nicole Runner
Bill Larsen

ACTION PLAN 3.6

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #6:

Research e-health to support families through the primary care setting

Implementation Steps	When	Who	Status
1. Distribute studies on e-health to Goal Group 3 members.	June 2018	Sharlene	
2. Add to agenda to discuss during goal group call.	July 2018	Nicole Runner & Sharlene	

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Sharlene Johnson
 Darlene Lester
 Janice Fulkerson
 Ryan Porter
 Jeff Fanter
 Dotti Owens
 Lee Flinn
Nicole Runner
 Bill Larsen

ACTION PLAN 3.7

Goal #3:

By December 2021, reduce Idaho youth opioid abuse by 10% as measured by Idaho Healthy Youth Survey.

Strategy #7:

Integrate e-health intervention prevention into primary care

Implementation Steps	When	Who	Status
1. Identify an evidence-based program.	June 2018	Group	
2. Obtain Workgroup approval of identified program	December 2018	Group	
3. Reach out to the IMA, IAFP, and IPCA to discuss implementation strategy	December 2018	ODP	
4. Begin Implementation	January 2020		

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Sharlene Johnson
 Darlene Lester
 Janice Fulkerson
 Ryan Porter
 Jeff Fanter
 Dotti Owens
 Lee Flinn
Nicole Runner
 Bill Larsen

ACTION PLAN 4.1

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #1:

Research and define high-value treatment options for Idaho

Implementation Steps	When	Who	Status
1. Look at possibility of state purchased MAT meds.	April 2019	Chris	
2. Analyze 2017 data for current trends, successes, including OTPs.	April 2019	DBH	

Resources Needed

Additional Considerations/Challenges

- Explore how Eastern and Northern Idaho would implement a methadone clinic

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.2

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #2:

Develop interdisciplinary efforts to support substance use disorder treatment and recovery options for people leaving jail, including naloxone

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Work to develop point of contact/working partner within the judicial system who could be the face of this effort moving forward 2. Identify current policies/procedures occurring throughout the jails system in regards to reentry 3. Assist with identifying MAT and OUD treatment providers locally for jails to refer to/develop referral procedures 4. Work with the recovery centers and local providers to introduce recovery coaches into reentry process 	April 2020	DBH/Nicole Fitzgerald Judicial Representative (TBD)	

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
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 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.3

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #3:

Increase 211 CareLine, Wellness Guide, and Live Better resource content

Implementation Steps	When	Who	Status
1. Contact 211 CareLine program specialist; invite into planning group.	Aug. 2017	DBH	Complete
2. Identify ways in which the 211 CareLine can be used in the communication campaign and as a hub for referrals in to treatment and recovery resources.	Oct 2017	DBH	Planned
3. Train 211 operators on opioid treatment and recovery support services (RSS) topics/services.	Mar 2018	DBH	Not yet started
4. Continue to coordinate with Group 3 for Wellness Guide and Live Better.	April 2019	DBH	
5. Continue MAT provider outreach with new form.	April 2019	DBH	

Resources Needed

Additional Considerations/Challenges

- In-depth training might be needed for 211 CareLine operators on Substance Use Disorders resources and needs

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.4

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #4:

Work with hospital ERs regarding referrals post-discharge for Substance Use Disorder (SUD)

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Contact the Idaho Hospital Association on how to initiate this conversation with hospitals. 2. Reach out to hospitals to initiate discussions on what services are provided for patients presenting with SUD or overdose; gaps; and how services could be improved. 3. Connect people with recovery coaching in the hospital. 4. Follow up with federal regulations regarding 72-hour laws and working with documents and SW. 		Division of Public Health Division of Public Health IROC grant (recovery coaching) DBH & Health	Planned

Resources Needed

Additional Considerations/Challenges

Team Members
(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.5

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #5:

Promote telehealth expansion through provider education and invitations to deliver services (peer-to-peer mentoring)

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Coordinate with Division of Public Health/Office of Rural Health via the State Healthcare Improvement Planning (SHIP) group to increase access to telehealth/ECHO/opioid treatment training. 2. Inventory what payers reimburse for telehealth. 3. Connect resources (SHIP, Project ECHO, U of I, etc.). 4. Coordinate with BPA Health and Optum. 5. Research telehealth laws and limitations in Idaho. 		<p>Chris Hahn, Idaho Bureau of Rural Health and Primary Care</p> <p>DBH inventory & laws</p>	In progress

Resources Needed

Additional Considerations/Challenges

Team Members
(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.6

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #6:

Increase number of Data 2000 waived prescribers and opioid treatment programs (OTPs) and educate waived prescribers on the ability and urgency of increasing their MAT patient limits

Implementation Steps	When	Who	Status
1. Get accurate list of current MAT prescribers from SAMHSA or IDHW.	Oct 2017	DBH	
2. Work with current non-waivered prescribers to get Data 2000 waived.	Dec 2018		
3. Work with IMA to get providers to participate.		Chris	
4. Develop educational materials for current MAT providers.	Dec 2018		
5. Partner with residency programs to educate and possibly fund waiver and/or training.	Dec 2018		
6. Develop educational materials for communities regarding MAT.	April 2019	DBH & DPH	

Resources Needed

Additional Considerations/Challenges

- Prescriber PMP Reports

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.7

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #7:

Increase availability of, and access to, naloxone

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. Educate providers about co-prescribing naloxone with opioids. 2. Increase awareness and uptake among pharmacies. Identify pharmacies currently not doing them. 3. Inform 12-step programs of naloxone availability and provide educational materials, so they can educate their participants. 4. Increase public awareness of naloxone availability via pharmacies. 5. Identify which pharmacies are carrying, funding percentage, and which product they are carrying. 6. Look at options for providing atomizers within pharmacies 	Sep 2017	Public Health Districts IROC grant. IDHW/ ODP ODP Not yet determined	

Resources Needed

Additional Considerations/Challenges

- Naloxone kits to community and prescribers

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.8

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #8:

Work with health insurance carriers to explore other evidence-based treatment for pain, and other payment models

Implementation Steps	When	Who	Status
1. Work with ODP and group insurers to develop steps from there.			

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.9

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy #9:

Increase public funding for those requiring treatment and recovery support services

Implementation Steps	When	Who	Status
<ol style="list-style-type: none"> 1. IROC grant—being implemented. 2. Meet with Medicaid, including with Tami Eide, and Medicare representatives to explore options for increasing treatment and recovery support. 3. Explore other options—who else is paying support? 4. DBH explores other options for additional funding. 5. Develop Millennium Fund proposal, if applicable. 			

Resources Needed

Additional Considerations/Challenges

Team Members

(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

ACTION PLAN 4.10

Goal #4:

By December 2021, decrease the number of Idahoans with untreated opioid abuse or dependence from 12,117 (2015/2016 baseline) to 7,368, as calculated by the Idaho Office of Drug Policy based on results from the National Survey on Drug Use and Health.

Strategy 10:

Work with medical providers to develop alternative integrated pain treatment programs before reduction of medications

Implementation Steps	When	Who	Status
1. Work with Goal Group 1A.			

Resources Needed

**Additional
Considerations/Challenges**

Team Members
(goal lead underlined)

Rachel Gillett
Chris Hahn
 Rosie Andueza
 Rep. Mike Kingsley
 Amanda Rogers
 Steve Rutherford
 Jason Austin
 Henry Atencio
 Vaughn Killeen
 Sarah Woodley
 Sen. Mary Souza
 Tyler Hemsley

Appendix

Appendix 1: Strategic Planning Meeting Details and Participants

The 2017 Strategic Planning Retreat for Opioid Abuse and Overdose was held April 25 and 26, 2017, in Boise, Idaho. The next page contains the list of participating stakeholders, sorted by the goal for which each was involved in developing strategies at the retreat. Since the retreat, some of these “goal team” assignments have changed, and several additional stakeholders have been added. The subsequent page contains the list of stakeholders participating in the April 30 and May 1, 2018 strategic plan update retreat.

A complete and current list of current workgroup members is available from the Idaho Office of Drug Policy.

**Opioid Misuse and Overdose Strategic Planning Retreat Participants
Year 1: April 25-26, 2017**

Name	Organization	Goal Team
Pam Eaton	Idaho State Pharmacy Association & Idaho Retailers Association / Retail Pharmacy Council	1a
Tami Eide	Idaho Medicaid	1a
William Lutz	Drug Enforcement Administration	1a
Maggie Mann	Southeastern Idaho Public Health	1a
Monte Moore	Idaho Physical Medicine and Rehabilitation	1a
Cathy Oliphant	College of Pharmacy- Idaho State University	1a
Stephanie Pustejovsky	Office of Drug Policy	1a
Pamela Rich	Eastern Idaho Public Health	1a
Sandy Evans	Board of Nursing	1b
Tara Fouts	Central District Health Department	1b
Anne Lawler	Idaho State Board of Medicine	1b
Kelsey McCall	Panhandle Health District 1	1b
Mary Souza	Idaho Senate Health and Welfare Committee	1b
Scott Bandy	Idaho Prosecuting Attorneys Association	1c
Susie Beem	South Central Public Health District	1c
Elisha Figueora	Office of Drug Policy	1c
Derek Gerber	Idaho Physical Therapy Association / Idaho State University Doctoral Program in Physical Therapy	1c
Lee Heider	State Senate	1c
Dotti Owens	Ada County Coroner's Office	1c
Alex Adams	Idaho State Board of Pharmacy	2
Terry Cochran	Cottonwood Police Department	2
Martha Jaworski	Qualis Health	2
Toni Lawson	Idaho Hospital Association	2
Mark Nelson	Family	2
Claudia Ornelas	Southwest District Health	2
Linda Swanstrom	Idaho State Dental Association	2
Marcia Witte	Department of Health and Welfare	2
Sharlene Johnson	Office of Drug Policy	3
Darlene Lester	Southeastern Idaho Public Health	3
Chris Nelson	Family	3
Christy Perry	Legislature	3
Kayla Sprenger	Public Health - Idaho North Central District	3
Sue Chew	House of Representatives	4
Nicole Fitzgerald	Office of Drug Policy	4
Monica Forbes	PEER Wellness Center, Inc.	4
Janice Fulkerson	BPA Health	4
Christine Hahn	Idaho Division of Public Health/IDHW	4
Kevin Hudgens	Idaho State Police	4
Kevin Pettus	The Walker Center	4
Ben Skaggs	IDHW Division of Behavioral Health	4
Monica Revoczi	Facilitator	N/A

Opioid Misuse and Overdose Strategic Planning Retreat Participants
Year 2 Update: April 30 – May 1, 2018

Name	Organization	Goal Team
Alan Wilson	Drug Enforcement Administration	
Alex Adams	Idaho Board of Pharmacy	2 (lead)
Amanda Rodgers	Idaho Department of Health and Welfare, Division of Behavioral Health	4
Anne Lawler	Idaho State Board of Medicine	2
Bill Larsen	Treasure Valley Partnership	3
Catherine Oliphant	Idaho State University - College of Pharmacy	1A
Chris Nelson	Family	2
Christine Hahn	Idaho Department of Health and Welfare, Division of Public Health	4 (lead)
Chuck Wahl	Drug Enforcement Administration	
Claudia Ornelas	Southwest District Health	2
Cyn Reneau	TRUTH208	1C
Darlene Davis	Southeastern Idaho Public Health	3
Debi Dockins	Community Coalitions of Idaho	1C
Derek Gerber	Idaho Physical Therapy Association / ISU Doctor of Physical Therapy Program	1C (lead)
Gayle Hines	Idaho Office of Drug Policy	
Henry Atencio	Idaho Department of Correction	4
Janice Fulkerson	Northpoint Recovery	3
Jason Austin	Raise the Bottom Addiction Treatment	4
Jeff Fanter	Ada County Coroner's Office	3
Jeff Seegmiller	WWAMI Medical Education Program, University of Idaho	1A
Kelsey McCall	Panhandle Health District	1B (lead)
Kenny Bramwell	Regence BlueShield of Idaho	
Kristen Raese	Idaho Department of Health and Welfare, Division of Public Health	1C
Layne Bangerter	USDA Rural Development	
Lee Flinn	Idaho Primary Care Association	2,3
Magni Hamso	Terry Reilly Health Services	
Marcia Witte	Idaho Department of Health and Welfare, Division of Public Health	2 (lead)
Marianne King	Idaho Office of Drug Policy	1C (lead)
Mark Estess	Idaho Chiefs of Police Association	
Mark Harris	Idaho Physical Medicine and Rehabilitation	1B
Mark Nelson	Family	2
Martha Jaworski	Qualis Health	2
Martijn van Beek	Idaho Department of Health and Welfare, Division of Public Health	1A (lead), 1B
MaryAnn Doshier	South Central Public Health District	1C

Name	Organization	Goal Team
Mimi Taylor	Eastern Idaho Public Health	1C
Monte Moore	Idaho Physical Medicine and Rehabilitation	1A
Nicole Fitzgerald	Idaho Office of Drug Policy	1B
Nicole Runner	Idaho Department of Health and Welfare, Division of Public Health	3 (lead)
Pamela Rich	Eastern Idaho Public Health	1A (lead)
Rachel Gillett	Idaho Department of Health and Welfare, Division of Public Health	4 (lead)
Rep. Mike Kingsley	Idaho House of Representatives	4
Rep. Sue Chew	Idaho House of Representatives	1B
Ron Weaver	A Way Forward	
Rosie Andueza	Idaho Department of Health and Welfare, Division of Behavioral Health	4
Ryan Porter	Idaho Supreme Court	3
Sarah Woodley	BPA Health	4
Scott Bandy	Ada County Prosecutor's Office	2
Sen. Lee Heider	Idaho Senate	1C
Sen. Mary Souza	Idaho Senate	4
Sharlene Johnson	Idaho Office of Drug Policy	3 (lead)
Sonja Schriever	Idaho Department of Health and Welfare, Division of Public Health	1C
Stephanie Pustejovsky	Idaho Office of Drug Policy	1A
Steve Rutherford	Boise Police Department	4
Susie Pouliot	Idaho Medical Association	2
Tami Eide	Idaho Medicaid	1A
Tara Fouts	Central District Health Department	1B (lead)
Todd Palmer	Family Medicine Residency of Idaho	1A
Toni Lawson	Idaho Hospital Association	2
Tyler Hemsley	St. Luke's Health Partners	4
Vaughn Killeen	Idaho Sheriffs Association	4
Yvonne Ketchum-Ward	Idaho Primary Care Association	1A
Monica Revoczi	Interaction International, Inc. (facilitator)	

Appendix 2:

Idaho Agency Updates on Current Initiatives Supporting the Response to the Opioid Crisis

The following document was compiled in the spring of 2018 to help inform the 2018 strategic plan update process.

OFFICE OF DRUG POLICY

The Office of Drug Policy piloted the evidence-based Prescription Drug Abuse: Preventing Youth Opioid and Rx Drug Abuse module in five middle school classrooms as part of the LifeSkills Training prevention education curriculum. Additionally, ODP has continued to provide funding to communities to implement substance abuse prevention programs, including facilitating prescription drug take-back days and administering evidence-based prevention education with a particular focus on prescription drugs. ODP is also awaiting the release of the Partnership for Success (PFS) grant, which will likely bring more discretionary funding to communities to prevent prescription drug abuse. ODP continues to partner with state agencies, local law enforcement, pharmacies and others to implement prevention efforts statewide. ODP has delivered 25 presentations on the Opioid Strategic Plan to stakeholders and community groups since October in all seven public health districts. Thanks to funding from the Idaho's Response to the Opioid Crisis (IROC) grant from the Division of Behavioral Health, ODP has provided over 2,000 doses of naloxone to more than 80 agencies, including law enforcement, fire departments, emergency medical services, public health districts, and recovery centers, since October. Further, thanks to funding from the Millennium Fund Committee, ODP has facilitated the purchase of 21 permanent prescription drug drop boxes in pharmacies.

To continue to use data-driven efforts, last fall/winter, ODP administered the Idaho Healthy Youth Survey to 6th, 8th, 10th, and 12th grade students to get local, in-depth data regarding behavioral health issues in Idaho. The survey contains a variety of questions related to ease of access of prescription drugs, current use, lifetime use, location of use, source, and other items. ODP plans to use that information to continue to implement targeted efforts in prevention.

IDAHO DEPARTMENT OF HEALTH AND WELFARE, DIVISION OF PUBLIC HEALTH

Although most of the work being done on opioids is within the scope of the strategic plan, the Division of Public Health have also been working with the coroners to improve death certificate reporting.

IDAHO DEPARTMENT OF HEALTH AND WELFARE, DIVISION OF BEHAVIORAL HEALTH

The first year of Idaho's Response to the Opioid Crisis (IROC) wraps up April 30, 2018. During the first eleven months of the grant, IROC has provided funding to:

- offered Opiate Use Disorder (OUD) treatment services to 429 people;
- introduced DBH funded Medication Assisted Treatment (MAT) in all seven (7) Department of Health and Welfare regions;
- provided MAT to 122 Idahoans;
- made peer-based early engagement services available to over 2,500 people statewide;
- provided over 2,000 Naloxone kits to first responders;
- delivered prescriber education on the CDC prescribing guidelines, and;
- provided prescribers with their first report on their opiate prescribing practices.

The Division of Behavioral Health (DBH) anticipates receiving an additional \$2M in funding for year two, which will begin on May 1, 2018. Year 2 of this project will focus on: 1) expansion of MAT in combination with behavioral treatment; 2) continued early engagement services in the community, hospitals, and in jails/prisons, and; 3) prevention efforts aimed at educating individuals receiving opiate prescriptions in hospital settings.

If you have additional questions regarding IROC, please contact Denise Jensen at denise.jensen@dhw.idaho.gov or by phone at 208-332-7226. www.IROC.dhw.idaho.gov

IDAHO HOUSE OF REPRESENTATIVES

HB649, the Immunity Bill for seeking medical health for or during a drug overdose, was signed by the Governor into law. It will be effective July 1st.

IDAHO STATE DENTAL ASSOCIATION

The Idaho State Dental Association will be conducting training on the PMP during our annual convention June 14 and 15. The American Dental Association has just released a new policy on opioid prescribing for dentists with 3 key focus areas:

1. The ADA supports mandatory continuing education in prescribing opioids and other controlled substances.
2. The ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, consistent with the Centers for Disease Control and Prevention evidence-based guidelines.
3. The ADA supports dentists registering with and utilizing Prescription Drug Monitoring Programs (PDMPs) to promote the appropriate use of opioids and deter misuse and abuse.

IDAHO MEDICAID

Medicaid implemented a maximum recommended Opioid Morphine Mg Equivalent (MME) of 90 in July 2017.

PANHANDLE HEALTH DISTRICT

Panhandle Health will be hosting a North Idaho Prescription Opioid Solution Summit this September in an effort to strategically partner community professionals in their role in reducing opioid misuse, abuse, and overdose.

NORTHPOINT RECOVERY

Northpoint Recovery is working on 1) expanding access to outpatient treatment in Canyon County with a new clinic opening late 2018 and 2) collaborating with public and private entities to expand access; partner in school-based education programs, augment public education campaigns where possible.

QUALIS HEALTH

Qualis Health, with partners from Washington State, is developing a model for assessing the risk of opioid use and falls with injury in the Medicare population. Our goal is to develop a tool for providers to identify those patients at highest risk for falls prior to prescribing opioids and to develop interventions to consider to reduce risks.

THE WALKER CENTER

The Walker Center is in the process of developing a scholarship for people who are indigent but fall in a gap for state funding to attend residential treatment. The scholarship would provide funding for up to 3 people per month to attend residential treatment with the only cost being for their medications. We hope to have this in place by April 30th.

WWAMI MEDICAL EDUCATION PROGRAM, UNIVERSITY OF IDAHO

Project ECHO is focused on opioid addiction and host a bi-weekly workshop with physicians and other healthcare individuals discussing opioid addiction and how the healthcare industry can help with this epidemic.

A WAY FORWARD

A Way Forward is implementing a tested, complimentary program that gives patients additional tools to managing their pain; complimenting the work their providers do.

Appendix 3:

SWOTT (Strengths, Weaknesses, Opportunities, Threats, and Trends) Analysis

The following SWOTT Analysis was generated during the original 2017 strategic planning process, and updated at the 2018 retreat. Based on business intelligence, this brainstorming exercise is intended to generate a comprehensive view of the factors that could help or hinder achievement of the vision. Asterisks indicate priority items identified by the 2017 planning participants, informing the subsequent development of critical success factors. Blue font represents updates/additions generated during the 2018 plan update retreat.

STRENGTHS

- ***** Evidence-based guidelines (CDC and other) - more awareness and provider buy-in/engagement
- **Positive political atmosphere
- *Multi-sector committed partners
- *Local support groups
- *Can now give partial prescription
- State-of-the-art PMP
- Funding streams
- Abundant media coverage
- Changing approach to healthcare provider training
- Local provider champions
- Everyone can help with the issue
- Less stigma than other substances
- Naloxone availability
- Increased use of recovery coaches/peers
- Some successes to build on
- Good national/federal support
- Emotionally relatable
- Publicly funded MAT
- Coroner data easier to obtain – real time
- Law enforcement and criminal justice support
- Growing understanding that addiction is a disease – addressing stigma
- More public and patient awareness
- Diversion – every county has 24hr options and take back days
- General feeling that things are happening
- Accreditors/joint commissions – more supportive of appropriate prescribing, removing the pain control component
- Growing awareness/support of alternative/non-medicine treatment for pain
- Diverse group of stakeholders working together
- Good response to prescriber survey
- New opiate/MAT treatment facility in Canyon County
- IROC needs assessment – have stats by county
- Board of Medicine – shift of focus from disciplinary to education; voluntary education to address issues
- Development of ECHO Program – partnership of three largest universities; supported by SHIP
- Increased use of PMP
- Oregon PMP access
- Involvement of legislators
- Integration of PMP with EMR (Gateway)
- Working on Washington PMP access (also an Opportunity)
- Data/performance measures show progress
- The fact that we have data – PMP, coroner, working with partners
- More providers and community pharmacies willing to work with IROC Grant/MAT

WEAKNESSES

- *****Provider satisfaction does not equal best practice and impacts their pay: mixed messages, need support, may get sued for not prescribing “enough” pain relief
- *****PMP – lack of use among prescribers
- *****Rural geography restricts access
- *****Lack of insurance flexibility to cover better options
- *****Breakdown of home life stability (e.g., childhood abuse)
- *****Lack enough treatment providers
- *****Lack of early support for emotional struggles (e.g., education)
- *****Lack of funding for coroner to do comprehensive testing, making it difficult to assess the scope of the problem
- ***Gateway drugs: those prescribed for ADD, OCD, anxiety, others (e.g., Ritalin); need physician education
- ***Lacking in public education and counter-information (pharmaceutical companies and media)
- ***Lack consistent/standardized data across the state (to define current situation): inconsistencies in reporting and in who has access to the info
- **Emphasis on patient satisfaction – success means pain free
- **Increased cost of alternative methods and related restrictions
- *Inconsistent funding sources, and rarely fund implementation
- *Providers not regularly asking patients if issues with opioids
- *Some insurance not funding evidence-based practices - prescriptions or alternatives – [some progress is being made](#)
- *Judicial system needs revamping (e.g., drug charges dismissed, no court-ordered treatment or drug court)
- *PMP – some providers are excluded (VA, military, methadone clinics)
- *Lack of patient knowledge and responsibility
- *Boundary state – transition of care
- *Lack of access to Oregon/Washington PMPs
- *Community pushback on treatments (not in my backyard) [and lack of education \(denial, does not apply to me\)](#)
- Population’s perception that pain/everything is a disease requiring medical treatment (versus requiring coping skills)
- Youth – reduced/lack of stigma for pills, injection
- Cheap and easy to get
- Law enforcement human resource shortage - can’t focus on street-level offenders
- Some prescribers reluctant to discuss Naloxone
- Highly addictive, easily accessible
- Lack of support for self-advocating patients
- Must challenge status quo/hospital practices - need to reward/pay for
- Rural areas lack pain specialists
- Prescriptions lack diagnoses, so pharmacists can’t help
- Lack of creative alternatives - holistic options (lack of evidence)
- Needs to be viewed as a chronic disease
- Easier for provider to write a prescription
- Limited prevention workforce
- Some don’t want to get help
- Inconsistent allocation of resources (geography, demographics)
- Lack of aggregated hospital discharge data
- Lack of understanding of addiction as a disease
- Limited access to in-patient treatment
- Lack of quick processing of data to show current state - lack of protocol and restrictions on data sharing
- Lack training for providers, including peers: barriers/bias; utilization of providers to maximum scope of practice
- Lack of referral resources - rural areas
- [Lack of transitional services for inmates leaving jail](#)
- [Lack of timely, accurate, standardized data \(e.g., common definition of “spike”\)](#)
- [Lack of statewide data clearinghouse](#)
- [Lack of patient understanding of interaction risks – education needed](#)
- [Lack of opiate treatment in other parts of the state](#)
- [Some pharmacists are not comfortable providing naloxone – hard to approach the conversation \(PMP will help\)](#)
- [Lack of education and understanding of MAT](#)
- [Legislators lack education – addiction, solutions](#)
- [Suicide rate](#)
- [Need to better discern intentional versus accidental overdose](#)
- [Need to better understand suicide link to other adverse circumstances \(e.g., incarceration\)](#)
- [New stigma – patients feel like it’s a witch hunt \(anger, confusion\)](#)
- [Some healthcare communities will not prescribe – patients are not getting what they need](#)
- [General increase in marijuana use \(gateway drug\)](#)
- [Limitations of drug tests \(behind the times\) – individual tests are expensive, routine tests yield a high rate of false positives](#)
- [Hats/attire that help seekers identify dealers](#)

OPPORTUNITIES

- *****Education (cost effective!): for public, patients, providers
- *****Integrating PMP with EMR: newly available; resources available; decision/analysis support tools; prescriber education and report cards
- *****Integrated/collaborative treatment across multiple healthcare communities (e.g., community care organizations)
- *****Designing a system that reinforces (provides incentives for) for the most beneficial behaviors: for both providers and patients
- *****Scope of practice – PAs and NPs can prescribe naloxone and increase prescription limits of suboxone
- *****Recovery coach in jail within 24 hours
- ***Public health interfacing with community (e.g., at public schools during kindergarten registration, sports/physicals; build on current structure)
- **Holistic/alternative therapies – starts with culture; integrated treatment
- **Explore surgeries to lower prescribing
- *Family strengthening: faith-based and other groups; overcoming trauma
- *Law enforcement: provide community resource information to arrested individuals
- *Report card initiating intervention
- *Analyze PMP to discover successful interventions
- *Search for/identify/ promote low cost strategies that can be repeated across communities (e.g., AA)
- *Collaboration across professionals
- Partner with public health on education - already doing provider education
- Social media presence
- Get the arrested into treatment (saves, clears head)
- Focus on interventions for children in foster care
- Other interventions in prisons
- Perfect storm support: legislature, federal government, funding
- Pharmacists knowing diagnoses: use IHDE; need protection
- Rural coroners shadowing in larger counties
- Getting non-fatal overdose data
- Add “overdose” to death data reported to vital stats
- Data on treatment effectiveness – outcomes and cost effectiveness; examples from other states
- Expand education to middle schools
- Leverage the 26 prevention coalitions across Idaho (Community Coalitions of Idaho) – many are rural; connected with elementary education
- Generation Rx – ISU pharmacy students delivering school-based education
- Routine/standardized screening tools (in toolkit) – standardize risk analysis
- Data sharing – expand syndromic surveillance in hospitals (Essence); see real-time suicide bullet
- Focus on chronic pain – effective treatment strategies
- Elected coroner process (no SME requirement) – provide training and process for consistency across counties, consider appointed versus elected and funding limitations
- Sources for reducing costs of very expensive medications – programs through drug companies, others
- Department of Labor funding special services (job/employment training) for individuals with opiate use disorder and their family members
- Educate prescribers about Gateway (81% are unfamiliar)
- Educate the workforce
- Ensure treatment to prevent transition to street drugs
- Encourage those in recovery to share their stories
- Drug courts increasing in Idaho (versus other states) - partnerships with MAT providers, the 70 problem-solving courts in Idaho, and public and behavioral health

THREATS

- ****Veterans have access to large amounts - difficult to address
- ***Be careful of unintended consequences – trading one problem for another
- **Diversion and misuse of MAT drugs (e.g., methadone, suboxone)
- **Culture: increased anxiety, stress, expectations, guilt (e.g., pressure parents put on children - children use opioids to cope)
- *Buy-in of prescribers
- *Little peer support available
- Pharmaceutical advertising on television
- Purity and availability of legal and illicit drugs (and expanding options)
- Balance access for legitimate needs
- Drugs with abuse deterrents – result in false sense of security, work-arounds
- Perception that prescriptions are “okay”
- Providers may lack awareness of who is at risk of abusing and may inadvertently be enabling; may not see negative patient behaviors
- Time pressure during provider visits (consider shared appointments)
- Possible unintended consequence: increase in pharmacy robberies
- Short attention span of Congress
- Little peer support available
- Follow-up after naloxone
- Addiction migration – other substances
- Lawmaker/leader apathy or lack of knowledge
- [Mega factories in Mexico](#)
- [Fentanyl](#)
- [Patient evaluations of physicians](#)
- [Funding running out – ECHO, IROC, Truth 208, CDC grant, PFS](#)
- [Gaps in outcomes data](#)
- [Viewing relapse as a failure versus part of recovery](#)
- [Outlier prescribers – threaten sustainability of clinics](#)
- [Increasing normalization of drug use](#)
- [Lack of sober housing](#)
- [Naloxone not effective for some synthetics](#)
- [Increase in street drugs – increases burden on law enforcement and corrections](#)
- [Changing political climate – priorities, maintaining advocates?](#)
- [Declining public interest that comes with “success”](#)
- [Lack of Medicaid expansion puts financial burden on agencies](#)
- [Ease of acquiring recreational drugs through the internet](#)
- [Prescriptions via telehealth – ensure controls do not limit treatment](#)

TRENDS

- *****Neighboring states legalizing marijuana: increased acceptance of drug use and effect on later opioid use/mental health
- *****Political hot topic (although may decline):
 - Feds responsive to states' needs
 - Need a plan now
 - *Some legislators don't want fed involvement
 - *Some threaten law enforcement's ability to respond
- ***Telemedicine/telehealth - need reimbursement
- Insurers playing a more active role
- Physical Therapy Association support - increase in alternative therapies
- Pharmacists taking leading role in prescribing – lowers the cost of providing certain drugs
- Legislators - open to expanding scopes of service and better utilizing resources
- Data in Idaho: decreasing non-medical prescription use, increasing heroin use
- WA/CO are highest use states
- Expansion of EMR and large health systems – easier to get patient info
- Vaping of opioids – new methods of administration
- Suppliers/dealers adding fentanyl to marijuana and heroin
- Some hybrids don't respond to naloxone
- Still hard to buy a lot of heroin on the Treasure Valley, but this is likely to change
- Youth mixing benzos and opioids
- Shift from prescription overdose to street drug overdose
- Ignoring information that does not support one's agenda
- Teens feel use of "non-opioid" drugs (e.g., stimulants) safer
- Death rate is increasing
- It's getting easier to buy heroin in the Treasure Valley
- Law enforcement diversion programs are increasing
- More crisis intervention training (CIT)
- Potential attrition in strategic planning group (retirements, elections) – how to maintain institutional knowledge?
- Politics and leniency of neighboring states – public policy implications, Idaho can learn from this
- Increasing marijuana-related approached to treatment – some without THC
- CARA 2.0 federal legislations
- Increase in Idaho crisis centers (funding increasing)
- Safe rooms in hospitals – free up law enforcement, more funding available
- More providers seeking and implementing evidence-based programs

Appendix 4:

Year 1 Strategic Plan Progress Dashboard

This dashboard is a tool to document quarterly and annual progress updates to the strategic plan. Progress is indicated according to action plans that correspond with each strategy, defining implementation steps, schedule, and responsible parties. The following version of the dashboard represents the compilation of year 1 progress on the strategic plan and accompanying performance measures.

2017 - 2022 IDAHO OPIOID MISUSE AND OVERDOSE STRATEGIC PLAN PROGRESS DASHBOARD
APRIL 2018 YEAR 1 UPDATE

		STATUS			
GOALS	STRATEGIES and PERFORMANCE MEASURES	ON TRACK	ACTION ITEMS/ MEASURES CURRENTLY DUE	ACTION ITEMS/ MEASURES >1 MONTH OVERDUE	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
CRITICAL SUCCESS FACTOR 1: EDUCATE PROVIDERS, PATIENTS, AND THE PUBLIC					
GOAL 1A By December 2019, achieve a rate of opioid prescriptions written for the following areas: 85% written under 80 MMEs; 6.5% written between 80 - 120 MMEs; 5.5% written between 120 - 200 MMEs; and 3.5% written for over 200 MMEs.	<u>Strategy 1:</u> Distribute an updated provider toolkit that includes CDC Opioid Prescribing Guidelines and PMP information at a minimum <u>Strategy 2:</u> Continue "academic detailing" one-on-one approach through the Public Health Districts with prescribers <				

APRIL 2018 YEAR 1 UPDATE

GOALS	STRATEGIES and PERFORMANCE MEASURES	STATUS			Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
		ON TRACK	ACTION ITEMS/ MEASURES CURRENTLY DUE	ACTION ITEMS/ MEASURES >1 MONTH OVERDUE	
GOAL 1B By December 2019, 90% of patients will be educated about risks and options prior to their first opioid prescription.	<u>Strategy 1:</u> Develop and distribute patient information related to opioid prescriptions to disseminate through providers and pharmacies				We are working to implement an Idaho tailored version of the Utah Hospital Opioid Education Campaign. Waiting to secure funding and hospital partners to move forward. Looking at how we can make some of the best practice campaigns and materials Idaho specific and rebranded. Planning to
	<u>Strategy 2:</u> Develop and distribute a patient-friendly variation on the Brief Opioid Overdose Knowledge (BOOK) test for patients pre-prescription				After initial review, we are making our modified Brief Opioid Knowledge test more patient friendly by lowering the medical literacy level. Two potential pilot locations have been identified. Looking to collaborate with other work groups in their definition of an "initial prescription" and "opioid naive" patient.
	<u>Strategy 3:</u> Develop a system for text reminders to patients for dose reduction or alternative therapies				Working with the Idaho Pharmacy Association for input on messaging and logistics. Looking at pharmacy specific messages and materials that would support a texting program. Researching materials or campaigns that would support a texting service.
	<u>Strategy 4:</u> Identify a web-based education program for patient viewing before initial prescription and for dosage change				On hold.
	<u>Measure 1:</u> Statewide Prescriber to Patient Education Campaign Evaluation				NOTE: We are in the process of adjusting our timeframe with more realistic timelines with present group community partners, resources, funding, and perspective.
	<u>Measure 2:</u> Average Day Supply Dispensed				This evaluation will take place when the education campaign is confirmed and rolled out.
					This update will be sent separately.
GOAL 1C By December 2018, 75% of Idahoans will be exposed to information about opioids.	<u>Strategy 1:</u> Expand Truth 208 medication education campaign to high school students and adults				1) Presentations and media on track for year one, but T208 program will end Dec 31, 2018.
	<u>Strategy 2:</u> Expand awareness of prescription take-back programs (law enforcement and pharmacies)				2) ODP grant installed 25 bins in pharmacies; T208 created and disseminated almost one million pharmacy sacks statewide, imprinted with local bin locations; provided posters to twenty law enforcement agencies for National Take Back Day (Oct 28)
	<u>Strategy 3:</u> Research and implement an opioid-focused evidence-based program (EBP) for middle school students				3) Bovine Life Skills program was selected, and is currently being piloted in five Nampa/Caldwell classes of 7th graders. It was well-received, and will now be piloted by three Life Skills instructors in additional classes; Grace Charter in Pocatello will also pilot the Life Skills program
	<u>Strategy 4:</u> Initiate an adult-focused media campaign based on the CDC campaign				4) CDC campaign began airing in March 2018. It will continue through August.
	<u>Strategy 5:</u> Increase access to Idaho data on websites across stakeholders/agencies				5) 2018-19
	<u>Measure 1:</u> Statewide Adult Education Campaign Evaluation				Pending
	<u>Measure 2:</u> Truth208 Media Campaign Evaluation				Pending
	<u>Measure 3:</u> Evidence-Based Program Evaluation				Data collection starts September 2018.

APRIL 2018 YEAR 1 UPDATE

GOALS		STRATEGIES and PERFORMANCE MEASURES		STATUS		Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
		ON TRACK	ACTION ITEMS/ MEASURES CURRENTLY DUE	ACTION ITEMS/ MEASURES >1 MONTH OVERDUE		
CRITICAL SUCCESS FACTOR 2: IMPROVE OPIOID PRESCRIPTION PRACTICES						
GOAL 2						
By December 2019, the rate of provider check of the Prescription Monitoring Program (PMP) prior to an initial opioid prescription will double.	Strategy 1: Encourage prescribers and healthcare systems to adopt PMP integration into electronic medical records (EMRs)					BOP continuing to facilitate communication between PMP vendor (Appriss) and interested healthcare systems/provider groups. To date, one large healthcare system has integrated the PMP into their EMR for a subset of their providers, with positive feedback. eClinicalWorks now supports the integration software, so may see some groups with this EMR coming on board soon. Various groups including BOP, IMA, IHA have distributed informational pieces about the availability of funds to support integration, with more outreach planned. Some challenges identified include cost, EHR vendor readiness, and IT capacity to work on integration. IMA is working on compiling a list of EMR systems that are compatible with Gateway. BOD plans to include information about Gateway on their website and provide information to dental offices during their inspection visits (will likely start in spring). January 2018 update: No additional health systems/provider organizations have integrated to date. Next software upgrades for eClinicalWorks and GE Centricity will have Gateway functionality built into system. Several additional pharmacies have integrated Gateway. April 2018 update: Additional large health system is pursuing integration. Several smaller provider organizations have expressed interest. eCW and GE Centricity upgrades that will have Gateway functionality built into system have not yet been released. Outreach efforts to providers by BOP, IMA, BOM, IHA, ISDA, BOD continue.
	Strategy 2: Educate prescribers on access to and use of PMP, including delegates					Public Health Districts continuing to educate providers and clinic staff on use of PMP. BOM, IMA, BOD all planning educational outreach efforts on use of PMP. Qualis Health continues to provide technical assistance to providers for improvement activities for the Merit-Based Incentive Program, one activity of which is consultation of PMP prior to opioid prescriptions that last for longer than 3 days. January 2018 update: Partners continuing their ongoing work to educate prescribers about use of PMP. April 2018 update: Online PMP training video in development with assistance from BOD, BOM, BOP, and IDHW. Partners working on various educational conferences and materials (can elaborate at retreat). Health educators have completed a total of 49 visits in first two quarters of DOPP grant year. Qualis Health coordinating with public health districts to provide education to providers on PMP.
	Strategy 3 Implement and provide education on Provider Report Cards					BOP working with Dr Todd Palmer from Goal Group 1A to draft educational letter to prescribers regarding Prescriber Report Cards. BOP, IMA, and BOM all interested in reviewing/contributing to this letter once draft is available. Will require coordination with Goal Group 1A and Division of Behavioral Health (whose SAMHSA grant is funding the report cards). January 2018 update: IMA sent out informational piece regarding Prescriber Report Cards (modeled on letter written by Dr. Todd Palmer). Drs. Hahn and Witte, IMA, and BOP, anyone else (?) provided feedback to Dr. Palmer on draft letter. April 2018 update: Prescriber Reports released at the end of February.
	Strategy 4: Reassess goal and strategies by December 2018					Group has defined initial opioid prescription as "opioid prescription written by a provider for a specific patient for the first time, when that prescription is for more than 3 days' duration." We are awaiting data from Appriss to establish our baseline rate for PMP checks prior to initial opioid prescription. Raw data request has been submitted to Appriss. Once received, data will require analysis to establish baseline rate. January 2018 update: Still awaiting raw data from Appriss. April 2018
	Strategy 5: After assessment of goal and strategies as outlined in Strategy 4, consider legislative mandate if goal is still supported but not met (2020 legislative session)					N/A for now
	Strategy 6: Optimize completeness of PMP data					Boise VA is reporting data to the PMP. Oregon may be sharing data sometime in the next year. January 2018 update: Oregon PMP now connected through PMP Interconnect! April 2018 update: No further update.
Measure 1: Providers Checking PMP Prior to Issuing Initial Opioid Prescription					To date, PMP query data not provided by Appriss.	

APRIL 2018 YEAR 1 UPDATE

		STATUS			
GOALS	STRATEGIES and PERFORMANCE MEASURES	ON TRACK	ACTION ITEMS/ MEASURES CURRENTLY DUE	ACTION ITEMS/ MEASURES >1 MONTH OVERDUE	Brief Comments: Progress, Challenges, Request for Support, Findings, Modifications, etc.
CRITICAL SUCCESS FACTOR 3: STRENGTHEN AND SUPPORT FAMILIES					
GOAL 3					
By December 2021, reduce youth opioid abuse by 10% as measured by the Idaho Healthy Youth Survey.	Strategy 1: Collect resources supporting all groups (such as patient, parents, family, friends) affected by opioid misuse or in crisis and coordinate dissemination to established public resource outlets (for example: 211, Idaho Wellness Guide, Live Better Idaho)				Old strategy: "Develop an instrument to measure the rate of Idaho parent's access to resources when their child is abusing opioids." Established a subgroup to meet which includes representation of 211, Idaho Wellness Guide, and Live Better to streamline intake for all three resources. Currently developing one form for programs and resources to fill out and be included in all 3 public resource databases. Organized collection of resources to include: treatment services, recovery support
	Strategy 2: Develop and disseminate a print media campaign directed at families in youth opioid use crisis-resources				Group may want to revisit the intent of this strategy and revise the language to focus on disseminating information to promote accessing opioid related resources through 211, Idaho Wellness Guide and/or creating printed materials to promote opioid related resources in Idaho.
	Strategy 3: Create a country resource map to include all resources collected and validated in strategy 1				Have begun to brainstorm what map should look like and where map should be held. Goal for launch: January 2019.
	Strategy 4: Identify and allocate resources for a statewide evidence-based program parent class directed at families in youth opioid use crisis				Group discussed the need to identify stakeholders and conduct an assessment of what evidence-based programs for parents already exist related to the youth opioid crises. Group may also want to consider modifying the strategy and definition to expand the criteria for programs that include those that may not specifically cover opioids but do support evidence-based practices for youth drug prevention, in order to more effectively leverage resources throughout the state.
	Strategy 5: Increase family recovery support services in each county/region (e.g., Narcotics Anonymous and Nar-Anon Family Groups, etc.)				This strategy is currently on hold until strategy 1 has been completed. The group intends to use completion of strategy 1 to be able to identify where gaps (location, types, etc.) in services to address the opioid crisis exist in Idaho.
	Strategy 6: Integrate e-health intervention prevention into primary care practice				Currently on hold. The group needs to conduct more research to better understand e-health intervention prevention and recruit additional subject matter experts in order to successfully move forward with implementing this strategy.
	Measure 1: Percentage of Parents Accessing DHW Division of Behavioral Health Services Who Misuse Opioids				The 124 clients that we were able to identify having an Opioid use issue and having minor children's during the reporting period accounts for 4.06% of 3,052 clients that IDHW received a claim on for the same reporting period.
	Measure 2: National Survey on Drug Use and Health (NSDUH)				Percentage that reported misusing pain relievers in the past year: • 12+: 5.09% • 12-17: 4.08% • 18-25: 9.77% • 26+: 4.45% • 18+: 5.21% Percentage that reported using heroin in the past year: • 12+: 0.33% • 12-17: 0.09% • 18-25: 0.64% • 26+: 0.31% • 18+: 0.35%
	Measure 3: Youth Risk Behavior Survey (YRBS)				Percentage of high school students that reported using prescription drugs without a doctor's prescription in 2017: 13.9%
	Measure 4: Idaho Healthy Youth Survey				Vicodin, methadone, tramadol, codeine, fentanyl). Misuse is defined as taking a prescription medication such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, Xanax or other opioids, stimulants, or depressants, in a manner or dose other than prescribed, taking someone else's prescription, or taking a medication to get high. • 6th: 2.9% • 8th: 5.5% • 10th: 10% • 12th: 14% Percentage of students that reported using heroin at least once in their lifetimes: • 6th: 0.2% • 8th: 0.3% • 10th: 0.4% • 12th: 0.5% Percentage of students that reported ever misusing pain relievers (hydrocodone, oxycodone, Vicodin, methadone, tramadol, codeine, fentanyl). Misuse is defined as taking a prescription medication such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, Xanax or other opioids, stimulants, or depressants, in a manner or dose other than prescribed, taking someone else's prescription, or taking a medication to get high. • 6th: 2.9% • 8th: 5.5% • 10th: 10% • 12th: 14% Percentage of students that reported using heroin at least once in their lifetimes: • 6th: 0.2% • 8th: 0.3% • 10th: 0.4% • 12th: 0.5%
Measure 5: Behavioral Risk Factor Surveillance System (BRFSS)					Anticipate data to be available Fall 2018.

APRIL 2018 YEAR 1 UPDATE

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CRITICAL SUCCESS FACTOR 4: EXPAND AWARENESS OF, AND ACCESS TO, TREATMENT							
GOAL 4							
By January 2022, significantly increase awareness of, and access to, resources to treat opioid use disorders and reduce deaths.		1) Research and define "affordable treatment" options for Idahoans				Slow movement on finding "affordable treatment" options outside of IROC/IDHW SUD funding and sliding-scale fees for service. SOTA has begun to reach out to SOTA network to research "affordable treatment" in other States	
		2) Develop interdisciplinary efforts to support substance use disorder treatment and recovery options for people leaving jail, including naloxone				Recovery Centers are beginning to work with their local jails and prisons to integrate recovery coaches into reentry procedures. IROC has funded 196 recovery services through jail/prison referrals. -- Ada county Jail collaborates with Center for Behavioral Health to allow individuals who	
		3) Increase 211 resource content				211 is working with the Division of Behavioral Health and Public Health to reduce barriers to treatment for opioid addiction. This includes centralizing and referencing the contact information for any Medication-Assisted Treatment programs in a caller's area. MAT providers can now be identified through 211, increasing this resource list will continue through joint efforts.	
		4) Work with hospital ERs regarding referrals post-discharge for SUD				Recovery Centers are beginning to work with their local ED to provide on-call recovery coaches and detox companions for individuals identified as SUD, drug-seeking, or experienced an OD - IROC has funded 148 recovery services through referrals from Hospitals and crisis centers	
		5) Promote telehealth expansion through provider education and invitations to deliver services				University of Idaho is leading the effort of Project ECHO. 3 (as of 4/9/18) sessions have been held providing didactic information and discussion on de-identified individual patients on opioid treatment.	
		6) Increase number of Data 2000 waived prescribers and educate waived prescribers on the ability and urgency of increasing their MAT patient limits				In last 6 months, 25 prescribers have been added to the published SAMHSA waiver list. Idaho currently has 182 waived prescribers, 135 @ 30 ppatient limit, 36 @ 100, 10 @ 275. SOTA continues to complete outreach encouraging prescribers to increase their limits and become Trainers. SOTA has identified community prescribers interested in becoming trainers and hosting trainings in their communities. Dr. Hamso and Dr. Palmer are working to provide multiple trainings this spring and fall.	
		7) Increase availability of, and access to, naloxone				DPH: Public Health District contracts now include naloxone education to providers. ODP has released minigrant announcement to first responder agencies, including fire, EMS, and law enforcement. As of 4/9/18 1,903 kits distributed (3,806 doses) 119 agencies received naloxone statewide, IROC has spent 142,725 on naloxone.	
		8) Work with health insurance carriers to increase payment flexibility				Contact with a few insurance providers have been made. Most likely will take until 2022 for majority of progress to occur.	
		9) Increase public funding for those requiring treatment and recovery support services				Idaho awarded year 2 of IROC funding. 4/9/18 421 served in treatment, 806,726 spent in tx services, 119 served in MAT. Conversations with Legislator occurred this session regarding finding alternative funding streams. Hopefully these conversations will continue.	
		Measure 1: Public Inquiries About Opioid Treatment				Data collection starts May 2018.	
		Measure 2: Trend in Number of Waivered Providers				Idaho currently has 182 waived prescribers, 135 @ 30 ppatient limit, 36 @ 100, 10 @ 275.	
		Measure 3: Opioid-Related Death Indicator				Data collection starts May 2018.	
		Measure 4: Trend in Individuals Receiving Publicly Funded Treatment					
Measure 5: Amount of Public Funding for Treatment and Recovery Services							